

Public Document Pack



**North East
Derbyshire
District Council**

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Date: Wednesday, 8 April 2026

To: **Members of the Cabinet**

Please attend a meeting of the Cabinet to be held on Thursday, 16 April 2026, at 2.00 pm in District Council Offices, Mill Lane, Wingerworth, Chesterfield, S42 6NG.

The meeting will be live streamed from [The Council's YouTube Channel](#).

Yours sincerely

A handwritten signature in black ink that reads "Sarah Skerberg".

Assistant Director of Governance and Monitoring Officer

Members of The Committee

Councillor N Barker (Chair)
Councillor J Barry
Councillor K Gillott
Councillor K Rouse

Councillor P Kerry (Vice-Chair)
Councillor J Birkin
Councillor S Pickering

Notice of Meeting to be held in Private

It is intended that part of this meeting will be held in private under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. The matters to be considered in private are listed under the heading Private Session. The categories of exempt information that are likely to be disclosed during the discussion of these items, as defined in Part 1 of Schedule 12A to the Local Government Act 1972, are listed below each item.

No representations have been received requesting that these items be open to the public.

A G E N D A

Public Session

1 Apologies for Absence

2 Declarations of Interest

Members are requested to declare the existence and nature of any disclosable pecuniary interest and/or other interest, not already on their register of interests, in any item on the agenda and withdraw from the meeting at the appropriate time.

3 Minutes of Last Meeting (Pages 4 - 10)

To approve as a correct record and the Leader to sign the attached Minutes of the meeting of Cabinet held on 26 February 2026 and the Extraordinary Cabinet held on 30 March 2026.

4 Corporate Comments, Compliments and Complaints Policy Review (Pages 11 - 42)

Report of Councillor J Birkin, Portfolio Holder for Council Services

5 Medium Term Financial Plan Update - Final Settlement (To Follow)

Report of Councillor P R Kerry, Deputy Leader of the Council and Portfolio Holder for Strategic Leadership & Finance

6 Urgent Items

To consider any other matter which the Leader is of the opinion should be considered as a matter of urgency, in accordance with the provisions of Statutory Instrument 2012 No 2089, Regulation 11.

7 Exclusion of Public

The Leader to move:-

That the public be excluded from the meeting during the discussion of the following items of business to avoid the disclosure to them of exempt information as defined in Part 1 of Schedule 12A to the Local Government Act 1972, (as amended by the Local Government (Access to Information) (Variation) Order 2006). [The category of exempt information is stated after each item].

Private Session

8 Housing at North Wingfield (Whiteleas) Development (To Follow)

Report of Councillor N Barker, Leader of the Council and Portfolio Holder for Strategic Leadership and Finance

9 Urgent Items

To consider any other matter which the Leader is of the opinion should be considered as a matter of urgency, in accordance with the provisions of Statutory Instrument 2012 No 2089, Regulations 5 and 11.

Access for All statement

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CABINET

MINUTES OF MEETING HELD ON THURSDAY, 26 FEBRUARY 2026

Present:

Councillor Nigel Barker (Chair) (in the Chair)
Councillor Pat Kerry (Vice-Chair)

Councillor Jayne Barry
Councillor Stephen Pickering

Councillor Kevin Gillott
Councillor Kathy Rouse

Also Present:

L Hickin	Chief Executive Officer and Head of Paid Service
M Broughton	Director of Growth and Assets
J Dethick	Director of Finance and Resources (Section 151 Officer)
S Lee	Assistant Director of Regeneration and Programmes (SIRO)
A Smith	Legal Services Manager and Deputy Monitoring Officer
H Fairfax	Planning Policy & Environment Manager
K Drury	Information & Improvement Manager
J Hawley	Principal Planning Enforcement Officer
T Fuller	Senior Governance Officer
M E Derbyshire	Members ICT & Training Officer

CAB/ Apologies for Absence

65/2

5-26 Apologies for absence were received from Councillor J Birkin.

CAB/ Declarations of Interest

66/2

5-26 There were no declarations of interest.

CAB/ Minutes of Last Meeting

67/2

5-26 **RESOLVED** – That the Minutes of the meeting held on 15 January 2026 were approved as a true record.

CAB/ Council Plan 2023-2027 Performance Update - October to December 2025

68/2

5-26 Cabinet considered a report which set out progress on the objectives that underpinned the Council Plan for the period October to December 2025 (Quarter 3). The report highlighted notable achievements, along with any targeted metrics which had been flagged as not on target.

Attached to the report was Appendix 1, which set out details of what had been achieved and progressed by objective, strategy, and tactic.

Cabinet discussed the report. It was agreed that good progress was being made against the objectives set out in the Council Plan and that the monitoring, tracking and presenting of performance statistics was being done well.

RESOLVED –

That progress against the Council Plan 2023-2027 objectives be noted.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ Update of the Council's Local Enforcement Plan

69/2

5-26

Cabinet considered a report which sought authorisation to amend the Local Enforcement Plan. The report included the proposed changes and the reasons behind them. A draft version of the updated Enforcement Plan was attached at Appendix 1.

Cabinet discussed the report. It was agreed that the plan showed a clear rationale for prioritising cases. Some Members suggested that a slimmed down version of the plan, that detailed the key points, would be a good idea.

RESOLVED –

To amend the current Enforcement Plan in line with the details in this report.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ Local Plan Timetable - Proposed Update to the Local Development Scheme

70/2

5-26

Cabinet considered a report which sought approval to update the timetable for the preparation of a new Local Plan. The report highlighted that the proposed timetable introduced an additional period of public consultation and rescheduled the later stage consultation whilst still meeting the overall deadline to submit the plan by the end of 2026.

Cabinet discussed the report. It was confirmed that the timetable had been agreed at the Local Plan Working Group.

RESOLVED –

That Cabinet approves the updated timetable for the preparation of the Local Plan and associated changes to the published Local Development Scheme, authorises its publication and that it shall have immediate effect.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ Local Plan Issues & Options - Consultation on the Strategic Approach to the Location of Development and Schedule of Refined Sites

71/2

5-26

Cabinet considered a report which provided an update on progress in preparing the new Local Plan and sought approval to undertake publication consultation in line with the arrangements set out in the report. The report provided advice on the

proposed development strategy, provided information on the sites that had so far passed through the detailed site assessment process and outlined proposed arrangements for publication consultation.

Cabinet discussed the report. Some Members suggested that the Council was constrained in its options by the lack of available brownfield land. It was agreed that there was still a lot of work to do to get to the final list of sites.

RESOLVED –

1. That Members considered the content of this report and the pre-publication Issues and Options consultation material that will be made available and approve its use for public consultation.
2. That Members approve the proposed arrangements for public consultation on the Issues and Options for the Local Plan.
3. That Members delegate responsibility to the Assistant Director of Planning in consultation with the Portfolio Holder for Environment and Place for approving the detailed wording of the Issues and Options consultation material and final arrangements for public consultation.

This was not a Key Decision and so can be implemented with immediate effect by officers.

**CAB/
72/2
5-26** **Grassmoor and Holmewood Area Pride in Place**

Cabinet considered a report which asked them to agree to participate in, and accept the role of accountable body for the Three Pits PiP, the Pride in Place Programme for communities in the Grassmoor, Holmewood & Heath, North Wingfield and Tupton areas. The report gave an overview of the programme and detailed the Councils role as accountable body. The report also included a proposed Governance framework for approval.

Cabinet discussed the report. Some Members suggested that there was a need to make national criteria fit local circumstances. It was highlighted that the proposed Board would be community led. It was agreed that, whilst the administration of the scheme would be a challenge, the funding was definitely welcome.

RESOLVED –

1. That Cabinet agrees to support and become accountable body for the Pride in Place Programme whilst the Council is managing the Programme.
2. That Cabinet endorses the proposed Pride in Place delivery framework.
3. That Cabinet delegates to the Leader Council nominations for Pride in Place board and any other roles in the governance structure, both now and in the future.

4. To ensure engagement across the whole Pride in Place area, adopt the name 'Three Pits Pride in Place (PIP)' for the promotion and consultation of the Programme.

This was a Key Decision. The call in period for this decision would run until Thursday 5 February 2026.

CAB/ 73/2 5-26 Medium Term Financial Plan - Budget Monitoring Report, April to December 2025 (Quarter 3)

Cabinet considered a report which outlined financial position of the Council following the monitoring exercise for the General Fund, Housing Revenue Account and the Capital Programme in Quarter 3 of 2025/26. The report summarised the key figures from the monitoring exercise and explained the reasons for variation against the budget.

RESOLVED –

That Cabinet note the report and made any comments that they believe to be appropriate with regards to the budget monitoring position outlined.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ 74/2 5-26 Treasury Management Strategy Update - April to December 2025 (Quarter 1 to Quarter 3)

Cabinet considered a report which summarised the treasury management position for the first three quarters of 2025/26.

Attached to the report was Appendix 1, which set out the treasury management monitoring report for Q3 of 2025/26, and Appendix 2, which set out the prudential indicators monitoring report for Q3 of 2025/26.

RESOLVED –

That Cabinet note the report concerning the Council's Treasury Management report for Quarter 3.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ 75/2 5-26 LGR Statutory Consultation Response

Cabinet considered a report which provided a summary of the statutory consultation process undertaken by Government in relation to Local Government Reorganisation (LGR). The report also contained a proposed full set of responses to the Government's statutory consultation questions.

Cabinet discussed the report. The potential timeline for when the Government

would decide on which LGR option would be taken forward was shared.

RESOLVED –

That Cabinet:

1. Noted the statutory consultation process for Local Government Reorganisation in Derbyshire.
2. Agreed the proposed responses to the Government's statutory consultation questions set out in **section 6** of this report, including explicit support for **Option A1** within the *One Derbyshire, Two Councils* proposals and use the wording in the report to inform the response to all Derbyshire consultation questions.
3. Delegated any minor changes to the final response, for all Derbyshire consultation questions, to the Chief Executive, in consultation with the Portfolio Holder.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ Urgent Items

76/2

5-26 None.

CAB/ Exclusion of Public

77/2

5-26 **RESOLVED** – that the public be excluded from the meeting during the discussion of the following item of business to avoid the disclosure to them of exempt information as defined in Part 1 of Schedule 12A to the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006).

CAB/ Management of Corporate Debt - Write Off of Outstanding Amounts

78/2

5-26 That Cabinet considered a report seeking approval for the proposed write off of debts in respect of council tax, business rates, housing benefit overpayments and rents.

RESOLVED –

Cabinet agrees to write off the amounts in respect of council tax, business rates and rents as detailed in **Appendix 1**.

This was not a Key Decision and so can be implemented with immediate effect by officers.

CAB/ Urgent Items

79/2

5-26 None.

CABINET

MINUTES OF MEETING HELD ON MONDAY, 30 MARCH 2026

Present:

Councillor Nigel Barker (Chair) (in the Chair)
Councillor Pat Kerry (Vice-Chair)

Councillor Jayne Barry
Councillor Kevin Gillott
Councillor Kathy Rouse

Councillor Joseph Birkin
Councillor Stephen Pickering

Also Present:

L Hickin	Chief Executive Officer and Head of Paid Service
M Broughton	Director of Growth and Assets
J Dethick	Director of Finance and Resources (Section 151 Officer)
S Sternberg	Assistant Director of Governance (Monitoring Officer)
A Smith	Legal Services Manager and Deputy Monitoring Officer
T Fuller	Senior Governance Officer

Other Attendees

Councillor David Hancock Observer
Councillor Ross Shipman Observer

CAB/ Apologies for Absence

80/2

5-26 There were no apologies for absence.

CAB/ Declarations of Interest

81/2

5-26 There were no declarations of interest.

CAB/ Urgent Items

82/2

5-26 None.

CAB/ Exclusion of Public

83/2

5-26 **RESOLVED** – that the public be excluded from the meeting during the discussion of the following item of business to avoid the disclosure to them of exempt information as defined in Part 1 of Schedule 12A to the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006).

CAB/ Oak Fields Development Update - To Follow

84/2

5-26 Cabinet considered a report which sought approval for a revised payment arrangement under the Share Purchase Agreement relating to the sale of Northwood Group Ltd to MyPad 2020 Limited, to manage short-term financial risk

while maintaining the Council's contractual position and security.

Cabinet considered the report. There were discussions around the process that had been followed, the impact of the Council's financial position, the structure of the revised payment arrangement and the need for prudent risk management.

RESOLVED –

1. That Cabinet approves a payment schedule as set out in paragraph 2.12 of the report.
2. That Cabinet agrees that, following determination of the revised planning application and further progress on warranty matters, a further Deed of Variation to the Share Purchase Agreement is executed, reprofiling of remaining payments to a "little and often" structure.
3. That Cabinet authorises the Director of Growth and Assets, in consultation with the Leader of the Council and the Section 151 Officer, to agree terms and complete the Deed of Variations to give effect to the above, including appropriate protection of the Council's security.

This was a Key Decision but in accordance with 13 (h) of the Council's Scrutiny Rules, the Call in procedure has been waived.

CAB/ Urgent Items

85/2

5-26 None.

North East Derbyshire District Council

Cabinet

16 April 2026

Corporate Comments Compliments & Complaints Review

Report of the Assistant Director of Communities & Environmental Health

Classification: This report is public

Report By: Lee Pepper – Assistant Director of Communities & Environmental Health

Contact Officer: Rachael Pope – Customer Service Manager

PURPOSE / SUMMARY

To review the Corporate Comments, Compliments and Complaints Policy and Procedure, in line with the scheduled three-year review cycle. The last review was undertaken in June 2022.

RECOMMENDATIONS

1. That the review of the Corporate Comments Compliments and Complaints Policy be noted.
2. That the formal response timescale for complaints be amended so that complaints are answered within 10 working days instead of the current 15 working days.

Approved by the Portfolio Holder, Cllr J Birkin

IMPLICATIONS

Finance and Risk: Yes No

Details: Whilst there are no direct financial implications with regard to the report, the Council is at risk of recommendations or decisions by the Local Government Ombudsman if complaints are not handled well. In cases of maladministration, financial penalties can be imposed by the Local Government Ombudsman.

Reducing the response timescale by 10 working days could place additional pressure on internal staff to complete investigations. There is a risk that, if not managed, more complaints could fall outside the standard timescale.

On Behalf of the Section 151 Officer

Legal (including Data Protection): **Yes** **No**

Details: In the case of complaints are not investigated properly and the LG&SCO finds maladministration, the Council may be fined. This risk exists under the current policy as well.

On Behalf of the Solicitor to the Council

Staffing: **Yes** **No**

Details:

On behalf of the Head of Paid Service

DECISION INFORMATION

Decision Information	
<p>Is the decision a Key Decision? A Key Decision is an executive decision which has a significant impact on two or more District wards or which results in income or expenditure to the Council above the following thresholds:</p> <p>NEDDC: Revenue - £125,000 <input type="checkbox"/> Capital - £310,000 <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Please indicate which threshold applies</i></p>	No
<p>Is the decision subject to Call-In? (Only Key Decisions are subject to Call-In)</p>	No
<p>District Wards Significantly Affected</p>	None

Equality Impact Assessment (EIA) details:	
	Yes, superseded by stage 2
	Yes, appended. Appendix C
	Yes Details:

Links to Council Plan priorities; <ul style="list-style-type: none"> • A great place that cares for the environment • A great place to live well • A great place to work • A great place to access good public services

REPORT DETAILS

1 **Background** *(reasons for bringing the report)*

Every three years the Council undertakes a review of the organisations complaints policy and procedure to ensure its working in line with best practice. Reviewing any recommendations, made by the LG&SCO, any internal audits, benchmarking with other LA's and any consultations undertaken with NED residents.

1.1 Complaints

• **Stage 1 – Frontline Resolution**

Verbal complaints are resolved immediately or by a supervisor within three working days, ensuring quick customer response

• **Stage 2 – Formal Investigations**

Written complaints are acknowledged within three working days and responded to within fifteen working days, following the investigation

• **Stage 3 – Internal Review**

Written complaints undergo an internal review (appeal), acknowledged within three working days and responded to within 20 working days

System Generated Reminders

Reminders are automatically sent after set periods to officers managing complaints to ensure timely responses

Formal Complaints – Complaint handlers currently receive a reminder at 10 working days that the response is still required as it approaches the corporate standard of 15 working days.

Internal Review – Complaint handlers receive a reminder at 15 working days that the response is still required as it approaches the corporate standard of 20 working days.

Current Performance on Complaints & Local Government & Social Care Ombudsman (LG&SCO) – Independent Reviews

During financial year 2023 / 2024, 2024 / 2025 the target for answering complaints within standard (timescale) was 100% for both formal and internal review complaints

Due to some complexities within some complaints, it was decided that the target of answering formal complaints should be reviewed and a revised target for financial year 2025 / 2026 the standard (timescale) for answering complaints. It was agreed from 01st April 2025 the standard for responses would be 98% for formal responses and 85% for internal review responses.

	2023/ 2024	2024 / 2025	2025 /2026 - Quarter 1-3
Stage 2 Formal Complaints Received	218	197	149
% of formal complaints answered within standard (timescale)	79%	91%	95%
Stage 3 Internal Reviews (Appeals) Received	26	30	32
% of Internal Reviews answered within standard (timescale)	85%	77%	78%
LG&SCO How many Ombudsman cases have been received	14	7	5
How many Ombudsman cases have been upheld	3	0	0

1.2 Compliments

Total number of written compliments received for this financial year 01st April 2025 – 31st December 2025 were 166.

A good cross section of compliments was received from customers appreciating excellent service, including 64 for the Street Scene Services Department, 64 for the Leisure centres, 22 for the Customer Services department, 5 for the Housing Options team, 4 for Environmental Health, 2 for each of the Elections, Facilities and Community Safety teams and 1 for the Revenues & Benefits department.

1.3 Comments

We had a total of 24 comments, and I am pleased to inform you that all 24 were acknowledged and passed on to the respective departments within our target timeframe of 3 working days. Once the comments are logged, it is at the department's or officer's discretion to respond back to the customer regarding their comment or implement any changes following receipt of their comments.

2. Details of Proposal or Information

2.1 Benchmarking undertaken

As part of our continuous improvement efforts, we have undertaken a benchmarking process with neighbouring authorities. This initiative aims to better understand the practices of other Councils concerning their Complaints procedures.

We have gathered data on the standards and timescales for responses to both formal and internal review complaints from various Councils. This information will be instrumental in helping us align our procedures with best practices and ensuring that we are providing the highest level of service to our constituents.

Authority	Formal Complaint Response Standard (Timescale)	Internal Review Complaint Response Standard (Timescale)
North East Derbyshire District Council	15 working days	20 working days
Bolsover District Council	10 working days	20 working days
High Peak Borough Council	10 working days	20 working days
Staffordshire Moorlands District Council	10 working days	20 working days

Chesterfield Borough Council	10 working days	20 working days
Derbyshire Dales District Council	10 working days	10 working days
Derby City	10 working days	20 working days
Amber Valley	10 working days	10 working days
Erewash	10 working days	20 working days
Local Government & Social care Ombudsman (LG&SCO) Best Practice Recommendation	10 working days	20 working days

According to LG&SCO guidelines, formal complaints should be addressed within 10 working days, while internal reviews should be completed within 20 working days.

Additionally, if a complainant remains dissatisfied with our response, they have the option to request an independent review by the Ombudsman. It's crucial that we adhere to these timelines if possible but not mandatory to ensure that we provide the best possible service and maintain our commitment to transparency and accountability.

2.2 Internal Audit Review

In accordance with the 2025/26 annual audit plan a review of the processes and controls in respect of Corporate Complaints was undertaken during July 2025.

This audit has covered the policies / procedures and effectiveness of complaints handling and monitoring as per the Local Government & Social Care Ombudsman (LG&SCO) requirements.

The assurance level outcome following the review was substantial with one recommendation (risk low) this being:

To ensure that policy review is undertaken promptly, and recommendations are made to harmonise NEDDC's Formal Investigation response timeline with the Ombudsman Complaint Handling Code of 10-working days. This change would:

- Align with internal audit recommendations.
- Align with neighbouring authorities.

- Reflect best practice as advised by the Local Government and Social Care Ombudsman (LGSCO).
- Align with customer recommendations for formal response timescale

Scope & Exceptions

- **Rykneld Homes:** Complaints about Rykneld Homes fall outside the Council's Policy and Procedure. However, if Rykneld tenants exhaust the Rykneld complaints procedure, they may approach the Council, or the Housing Ombudsman may investigate. If maladministration is found, North East Derbyshire District Council, as landlord, may be fined.
- **Councillor Complaints:** These are outside the scope of the Council's complaints procedure and are independently investigated.

2.3 Public Consultation

We ran some external consultation on complaints via the website, social media and face to face. The consultation ran for a six-week period between 15th December 2025 until the 25th January 2026. Unfortunately, there were very little response with only 19 response during this period.

Unfortunately, the response rate was quite low, with only 19 individuals providing feedback during this time. When we asked about what they consider to be a reasonable timeframe for receiving a response, the feedback was as follows:

What residents consider to be a reasonable response timeframe for Formal Complaints		
	Number of residents	Percentage of residents
5 working days	7	37%
10 working days	10	53%
15 working days	2	11%
Other (Specify)	N/A	N/A
What residents consider to be a reasonable response timeframe for Internal review Complaints		
15 working days	8	42%
20 working days	8	42%
25 working days	2	11%
Other (specify)	1	5%

*For full consultation report on complaints see Appendix A

3 Reasons for Recommendation

- 3 . To work in line with LGSCO recommendations and best practice.
- 3 To address audit recommendations following the internal audit review on complaints (July 2025), which recommended harmonising NEDDC’s formal complaints handling code to 10 working days – **See Appendix A**
- 3 A Complaints Procedure Survey was conducted from 15 December 2025 to 25 January 2026 to gather residents’ views on acceptable response times. Outcome above, for full complaints survey – **see Appendix B**
- 3 To align with other local neighbouring authorities
- 3 The proposed change will require clear communication to staff and adequate support to ensure compliance with the new timescale.
- 3 Ongoing monitoring will be necessary to assess the impact of the change on complaint handling performance and staff workload.
- 3 The policy should be reviewed again in three years, or sooner if further best practice guidance emerges.

4 Alternative Options and Reasons for Rejection

- 4 Retain the current 15 working day timescale for the next three years. This option is not recommended as it does not align with best practice or audit recommendations.

DOCUMENT INFORMATION

Appendix No	Title
Appendix A	Internal Audit Complaints Process
Appendix B	Consultation on Complaints
Appendix C	EIA
<p>Background Papers (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet you must provide copies of the background papers)</p>	

Bolsover, Chesterfield and North East Derbyshire District Councils'

Internal Audit Consortium

Internal Audit Report

Authority:	North East Derbyshire District Council
Subject:	Corporate Complaints Report Reference: N002
Date of Issue:	25th July 2025
Assurance Level	Substantial
Report Distribution:	Rachael Pope (Customer Service Manager), Lee Pepper (Assistant Director – Communities), Jayne Dethick (Director Finance & Resources / S151), Lee Hickin (Managing Director).



Introduction

In accordance with the 2025/26 annual audit plan a review of the processes and controls in respect of Corporate Complaints has been undertaken.

This audit has covered the policies /procedures and effectiveness of complaints handling and monitoring as per the Local Government & Social Care Ombudsman (LGSCO) requirements.

NEDDC have received 244 complaints YTD, of which:

- 217 were dealt with within the Standard timelines,
- 18 were outside of Standard timelines and,
- 9 are ongoing cases, currently within the Standard timelines.

Examination of sampled complaints received found that processes were complied with and where anomalies were found, valid rationales were noted.

Internal audit work and reporting has been carried out in line with the requirements of the Global Internal Audit Standards.

Executive Summary

Assurance Opinion	
Substantial	There is a sound system of controls in place, designed to achieve the system objectives. Controls are being consistently applied and risks well managed.

For a full list of Assurance definitions linked to risk see Appendix 1.

For definitions of High, Medium and Low risk recommendations see Appendix 2.

For definitions of Root Cause Analysis see Appendix 3.

For the Management Action Plan see Appendix 4.

Key Findings
1 low-risk recommendation was made regarding policy review, remaining controls were operating satisfactorily.

Scope, Objectives and Risks

Key objectives and risks were identified with management during the scoping of the audit and by review of the strategic and relevant operational risk register. The processes and controls in place have been assessed to provide assurance that risks are being managed effectively. If risks are not well managed then the achievement of services objective/s may be threatened.

The risks considered are:

- Poor service not being identified, and improvements not made,
- Lack of resolution and / or feedback creates loss of trust by customers,
- Poor reputation and bad publicity,
- Matters not resolved leading to potential legal action, claims / associated financial implications.

The scope and objectives of the audit were to ensure that:

- There is an overarching policy which outlines corporate expectations,
- Documented procedures / flow charts are reviewed, which set out how complaints received should be dealt with,
- Procedures are easily accessible and communicated to customers,
- Policies and procedures are aligned to the Ombudsman requirements and definitions of complaints,
- The system of recording complaints received is reviewed,
- Complaints received are examined, to confirm they have been dealt with within agreed timescales and procedures,
- There is a system of escalation, and process of 'lessons learned',
- Any complaints to the Ombudsman were reviewed,
- Reporting formats are accurate.

The help and assistance of the Customer Services Manager and Customer Services Co-Ordinator was much appreciated during the review.

Findings and Recommendations

Previous Recommendations have been implemented

- 1 The former audit of this area was undertaken 15+ years ago, therefore any resulting recommendations are out of date and not applicable.

Policies and Procedures

- 2 A published, in-date, overarching policy is in place which aligns to the Ombudsman requirements and definitions of complaints and outlines corporate expectations and procedures for dealing with complaints. NEDDC operate a 3-Stage complaints process: Informal Frontline Resolution, Formal Investigation and Internal Review. The Compliments, Comments and Complaints (CCC) Policy is due to be reviewed later in the 2025-26 financial year.
- 3 The complaints policy and procedure are published on the NEDDC website, to assist complainants with the process and to ensure they are clear about what happens at each stage of a complaint submitted.
- 4 NEDDC's Formal Investigation response timeline (15-working days) does not currently align with the LGSCO Complaint Handling Code timeline (10-working days.) Policy review during 2025/26 will provide the opportunity to consider aligning these timelines.

Recommendation	
R1	To ensure that policy review is undertaken promptly, and recommendations are made to harmonise NEDDC's Formal Investigation response timeline with the Ombudsman Complaint Handling Code of 10-working days. Risk: Low
Root Cause	Standards & Policies: the extent to which expected standards have been made clear to staff and the necessary policies are in place to support these standards.

Ways to Complain

- 5 There are various ways that customers can make complaints to NEDDC, including by phone / text message, email, in writing, using the 'Let Us Know' leaflet, sending feedback online using the CCC form, or by telling any member of NEDDC staff.

Self-Assessment

- 6 As per the requirements of the Ombudsman Code, NEDDC undertakes an annual self-assessment to ensure compliance to the Code. The 2024-25 Self-Assessment has

been published on NEDDC's website, as per the Code requirements, with 2025-26 data due by 30th September 2025.

- 7 A review of the published Self-Assessment has highlighted no areas of concern, NEDDC are fully compliant to the provisions as set out in the Ombudsman's Complaint Handling Code.

Training

- 8 Complaints are dealt with by a centralised complaints team within Customer Services, who liaise directly with the departments concerned.
- 9 There are processes in place to ensure that officers are trained in how to deliver outcomes appropriately, and demonstrate that NEDDC ensures a consistent approach is taken by Officers:
 - LGSCO mandatory training in Effective Complaint Handling (biannual occurrence),
 - Appropriate CCC Policy and accompanying Procedure is in place and is accessible to all Officers,
 - Standard letter / response templates and forms are utilised,
 - Complaints key information, links, contacts and FAQs are displayed via the intranet 'Brilliant at the Basics' section.
- 10 Since the procurement of the LMS Learning Platform in April 2024, it has been noted that Complaints training is unable to be incorporated into the Platform, however, is completed on a request basis by departments, and the Customer Services Complaints team are able to assist with any individual / specific department queries.

Sampling

- 11 A sample of 30 complaints (20 Formal Investigations and their counterpart Internal Reviews / Ombudsman complaints, where applicable) were sampled for the period July 2024 – July 2025. The sample included 1 habitual / vexatious complainant, who has been confirmed vexatious in line with CCC Policy.
- 12 All controls were found to be operating well, with one exception where an acknowledgement letter could not originally be located within the complainant's folder. This was since located by the department and the Auditor has advised the team to retain the document within the appropriate folder.
- 13 26 complaints were dealt with within standard timelines, 4 complaints were dealt with out of standard timelines.
- 14 For the complaints upheld by NEDDC (2) appropriate apologies and actions to put things right were clearly communicated to the complainant and retained as evidence. In instances where complaints were not upheld (26) valid explanations were given

alongside information on how complainants can progress their complaint if they remain unsatisfied with the response/s given. The remaining complaints sampled (2) were either cancelled due to being a premature Ombudsman complaint or was a matter for another organisation to respond to, i.e. DCC.

Monitoring / Patterns / Reporting

15 There is a clear path of internal communication, via quarterly reporting to SMT, internal monthly departmental meetings and reporting to Standards and Scrutiny Committee, which reports emerging issues and complaints of a similar nature, etc.

16 NEDDC has the following targets in respect of complaints, to meet the requirements of the CCC Policy and Ombudsman's Complaint Handling Code:

- 100% of Formal Complaints responded to within 15-working days
- 100% of Internal Review responded to within 20-working days

17 Quarter 4 2024/25 Performance data was interrogated and was confirmed as accurate to source complaints monitoring data, with overall performance rates as follows:

- 95% Formal Complaints response rate
- 100% Internal Review response rate

Ombudsman

18 There have been 7 complaints escalated to the Ombudsman for the 2024-25 financial year. Details and outcomes of these complaints are reported annually by the Ombudsman and the report is interrogated at Standards Committee, most recently on 2nd July 2025.

19 Although this instance falls outside the scope of the timeline sampled, a complaint from December 2023 demonstrates an example of the Ombudsman forcing policy change and NEDDC seeking continuous improvement. This complaint outcome required NEDDC to make several rectifications, including reviewing the Adaptations Policy, and amending the adaptations refusal letter to include how to apply for a Disabled Facilities Grant.

Customer Suggestions / Compliments

20 There are opportunities for customers to put forward suggestions and compliments, alongside participation in the Residents Survey & results via 'You Said We Did,' and Complaint Satisfaction form completion, with responses analysed and followed up as appropriate.

Appendix 1

Assurance Level	Internal Audit Definition	Risk Register Link
Substantial Assurance	There is a sound system of controls in place, designed to achieve the system objectives. Controls are being consistently applied and risks well managed.	Minor / negligible impact
Reasonable Assurance	The majority of controls are in place and operating effectively, although some control improvements are required. The system should achieve its objectives. Risks are generally well managed.	Minor / moderate
Limited Assurance	Certain important controls are either not in place or not operating effectively. There is a risk that the system may not achieve its objectives. Some key risks were not well managed.	Moderate / Severe Impact
Inadequate Assurance	There are fundamental control weaknesses, leaving the system/service open to material errors or abuse and exposes the Council to significant risk. There is little assurance of achieving the desired objectives.	Catastrophic Impact

Appendix 2

Indicative Definitions of High Medium and Low Recommendations

Risk	Definition
High	<p>Risks that can have a catastrophic / severe impact on the operation of the Council or service - Must take action to mitigate or terminate if not possible to do so: -</p> <ul style="list-style-type: none"> • Death, extensive injury, major permanent harm • Unable to function without government or other agency intervention • Significant impact on service objectives • Inability to fulfil obligations • Short to medium term impairment to service capability • Adverse national publicity, highly damaging, loss of public confidence • Major adverse local publicity • High risk of fraud being able to occur e.g., key internal controls are not operating or are missing • Direct link to a strategic risk occurring • A serious breach of legislation/ legal requirements leading to substantial financial penalties or severe breach of data protection (report to ICO) • Substantial loss or damage to Council assets/or information
Medium	<p>Risks which have a noticeable impact on the service provided, will cause a degree of disruption to service provision / impinge on the budget - Check current controls and consider if others are required: -</p> <ul style="list-style-type: none"> • Medical treatment required, semi-permanent harm up to 1 year • Short term disruption to service capability • Significant financial loss • Some adverse publicity, needs careful public relations • Isolated personal details compromised • Risk of fraud being able to occur • Direct link to identified operational risks occurring • A serious breach of organisational policies and procedures • A breach of legislation / legal requirements leading to a moderate financial impact • Loss or damage to Council assets, information • Previously agreed medium internal audit recommendations remain outstanding
Low	<p>Risks where the impact and any associated losses will be minor</p> <ul style="list-style-type: none"> • First Aid treatment, non- permanent harm up to 1 month, no obvious harm or injury • Minor / negligible impact on service objectives • Financial loss that can be accommodated at service level / minimal • Some public embarrassment, no damage to reputation, unlikely to cause any adverse publicity / internal only • Minimal risk of fraud • No direct link to operational or strategic risks • A minor breach of organisations policies and procedures • A minor breach of Legislation / legal requirements • Low risk of loss or damage to Council assets

Root Cause Analysis Categories

Resources

Definition: the extent to which the service has sufficient, capable resources, enabling it to carry out all aspects of its operational duties efficiently and effectively.

Examples: functions that had been carried out by a now non-existent post have fallen through the gaps; services have only enough resources to carry out key aspects of operational delivery, meaning some lower priority tasks are not executed.

Competencies & Training

Definition: the extent to which staff are appropriately qualified, trained or experienced to carry out their role.

Examples: lack of training; inappropriate training; ineffective training plans; poor recruitment; poor training material

Systems

Definition: the extent to which systems are fit-for-purpose and support the service to carry out its operations effectively.

Examples: system processes are not available or are not effective, resulting in discrepancies or workarounds to get the required outcome, system processes are circumvented or duplicated manually. Processes are carried out manually where systems processes would be more efficient.

Motivation & Incentives

Definition: the extent to which factors such as organisational or personnel change have impacted on staff desire to carry out their role efficiently and effectively.

Examples: staff are feeling demotivated by a recent restructuring and removal of some posts, and do not feel that they should be taking on new responsibilities.

Standards & Policies

Definition: the extent to which expected standards have been made clear to staff and the necessary policies are in place to support these standards.

Examples: there is no policy/procedure in place; policies/procedures are out of date; policies/procedures have not been reviewed within appropriate timescales; policies etc. are difficult to locate/access; links in policies either do not work or are out of date.

Governance

Definition: the extent to which the service is governed by a clear structure that sets out the roles and responsibilities of officers, and the service is supported by appropriate risk management and control systems.

Examples: lack of assigned responsibility and accountability; failure to act / ignorance; intentional misleading by management to protect themselves; underqualified / trained Board members.

Process & Procedures

Definition: the extent to which established processes are operating effectively and are supported by defined procedures.

Examples: failure to follow set procedures (take care re materiality/proportionality); lack of separation of duties; controls being bypassed.

Accountability

Definition: the extent to which roles and responsibilities for decision-making have been defined and are accepted and acted on by all parties.

Examples: unclear expectations; avoiding responsibility; lack of management oversight; poor communication.

Assurance & Monitoring

Definition: the extent to which internal and/or external checking controls exist to monitor the effectiveness of, and provide assurance to, the service.

Examples: unclear responsibility; not identifying and/or taking action on recurring problems; checking the wrong things; under-sampling.

Human Error

Definition: relating to people and their actions, error caused by stress, fatigue, carelessness, communication breakdown.


Examples: Spreadsheet formulas are wrong, figures transposed / typed in wrong, data taken from or entered in the wrong fields.

Management Action Plan

Report Title:	Corporate Complaints	Report Date: 25th July 2025
		Response Due By Date: 15th August 2025

	Findings and Risk identified	Recommendations	Risk (High, Medium, Low)	Agreed	To be Implemented By:		Comments
					Officer	Date	
R1	The Ombudsman Complaint Handling Code became legally binding in April 2024 & NEDDC's CCC Policy does not currently align with the 10-working day timeline. Work is underway to review policy this year (mid-year review of policy and associated benchmarking performed, to move to 10-working days for Formal Investigation responses.)	To ensure that policy review is undertaken promptly, and recommendations are made to harmonise NEDDC's Formal Investigation response timeline with the Ombudsman Complaint Handling Code of 10-working days.	Low	√	RP	31/03/2026	A review of the CCC Policy and Procedure will be undertaken by the end of this financial year with a view that we would reduce formal complaint response times from 15 working days to 10 working days subject to the agreement of SMT and Members.

Please tick the appropriate response (✓) and give comments for all recommendations not agreed.

Signed Head of Service:		Date:	20/08/2025
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Note: In respect of any High Risk recommendations please forward evidence of their implementation to the Internal Audit team as soon as possible.

NEDDC Complaints Procedure Consultation 2025

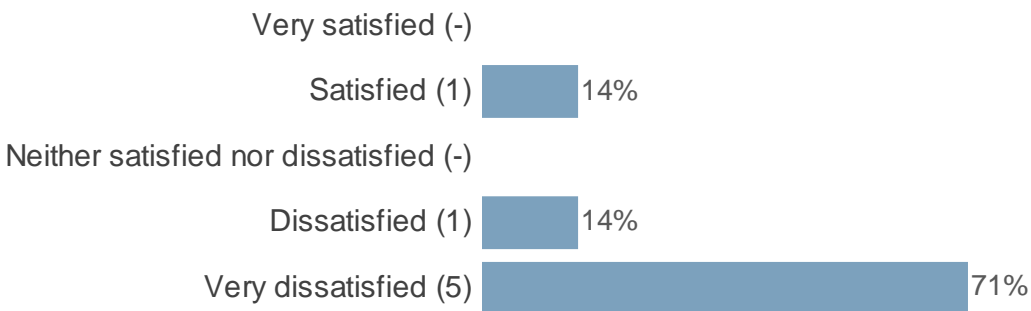
This report was generated on 28/01/26, giving the results for 19 respondents. A filter of 'All Respondents' has been applied to the data.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

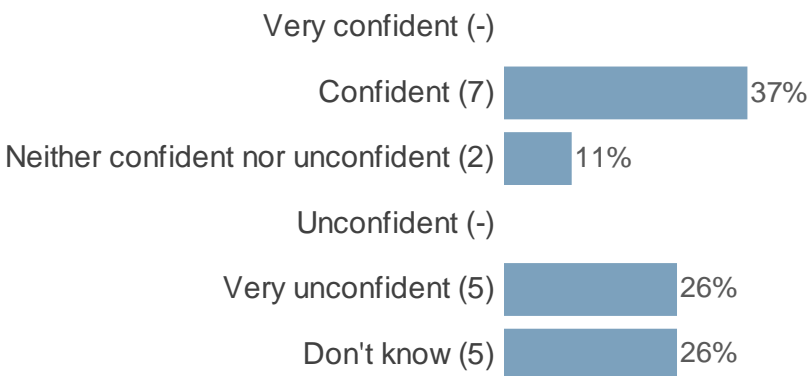
Have you ever submitted a formal complaint to the Council? (Please select one answer only)



If 'Yes', how satisfied were you with the overall experience? (Please select one answer only)

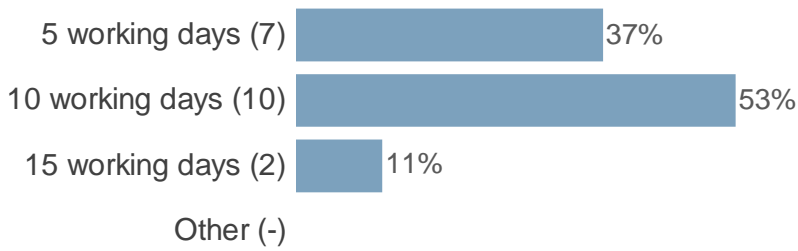


How confident are you that your complaint will / would be handled fairly and impartially? (Please select one answer only)

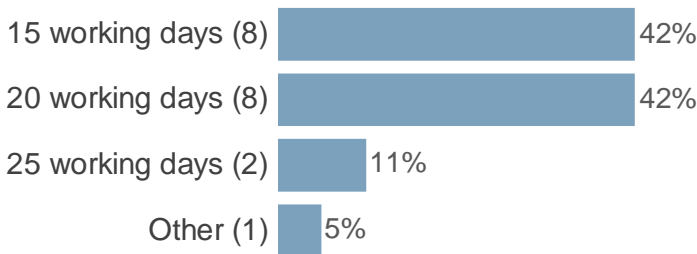


NEDDC Complaints Procedure Consultation 2025

When submitting a Formal Complaint to the Council, what do you consider to be a reasonable timeframe to receive a full response? (Please select one answer only)



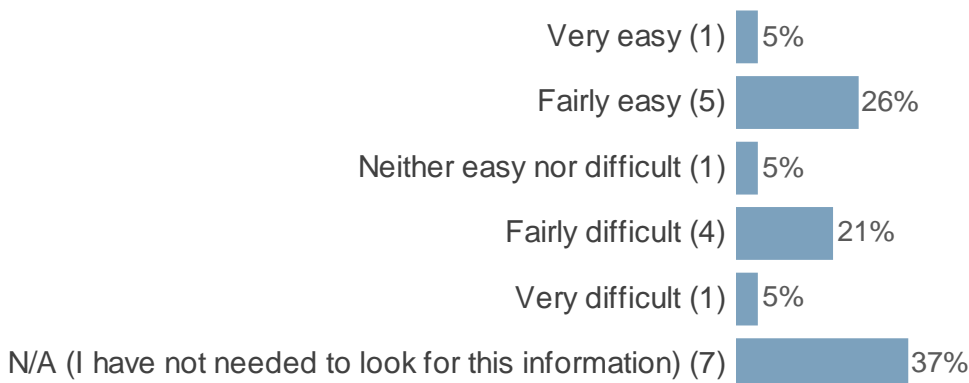
If you were dissatisfied with the Council's Formal Complaint response and requested an Internal Review (Appeal), what timeframe would you consider acceptable for receiving a response? (Please select one answer only)



If 'Other' please specify timeframe:

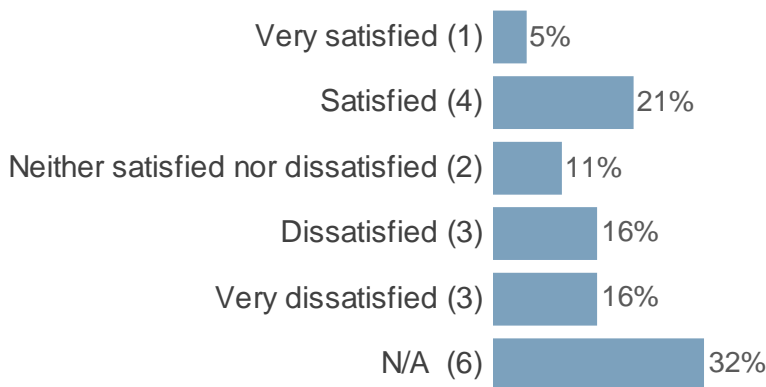
Two weeks

How easy was it to find information about the complaints procedure on our website or through other channels? (Please select one answer only)

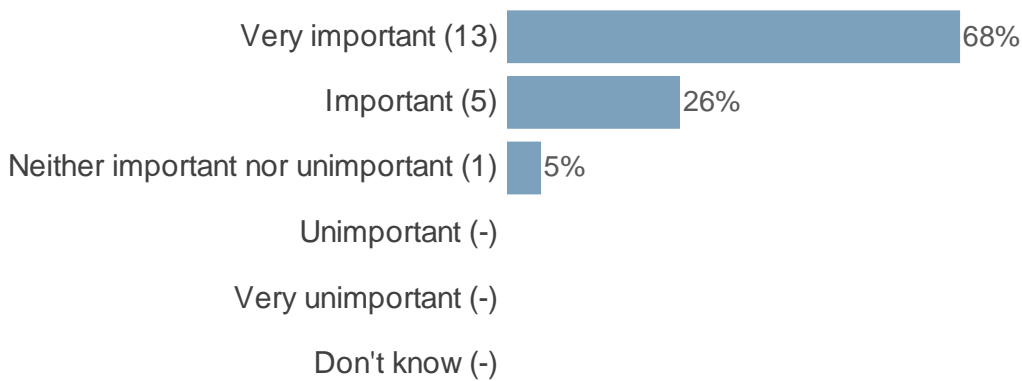


NEDDC Complaints Procedure Consultation 2025

How satisfied were you with the clarity of the complaints procedure (e.g. steps, timelines, who to contact)? (Please select one answer only)



How important is it to you that the Council provides regular progress updates during the complaints process? (Please select one answer only)



How would you prefer to receive updates about your complaint? (Please select one answer only)



Please share any comments or suggestions about how the Council could improve its complaint response process? (Please comment in the space below)

Satisfied

All the information to go to an impartial council in another area, so as the people who dealt with the original complaint do not just deal with the complaint. Obviously they aren't going to come up with anything other than yes we were right.

My experience is that staff seem to be protected as part of the complaints procedure, instead of focussing on addressing any concerns raised and preventing similar situations happening in future. This culture needs to change.

Nerver get any feedback about complaints, departments seem to ignore complaints.

Dedicated person dealing with my complaint.

I have emailed DCC numerous times and never ever received a reply. I was forced to pay for a new tyre due to a pothole on Pennine Way Loundlsey Green Chesterfield and get home service for my daughter who is a carer and on the minimum wage. My daughter could not attend work so was unpaid for 3 days until the tyre was fixed. I had to pay for the home visit and tyre on my credit card. I have sent in photographs and everything you asked for and still not received my money

NEDCC don't appear to uphold valid complaints made nor ensure there is a fair investigative process. The complaints procedure is not worth the paper it is written on. NEDCC cover up, lie, deceive & fob residents off to ensure they back their employers even in cases of poor case handling, lack of action & so on.

N/a

I made a formal complaint and haven't had a response, that's how great your service is! This is laughable asking for feedback.

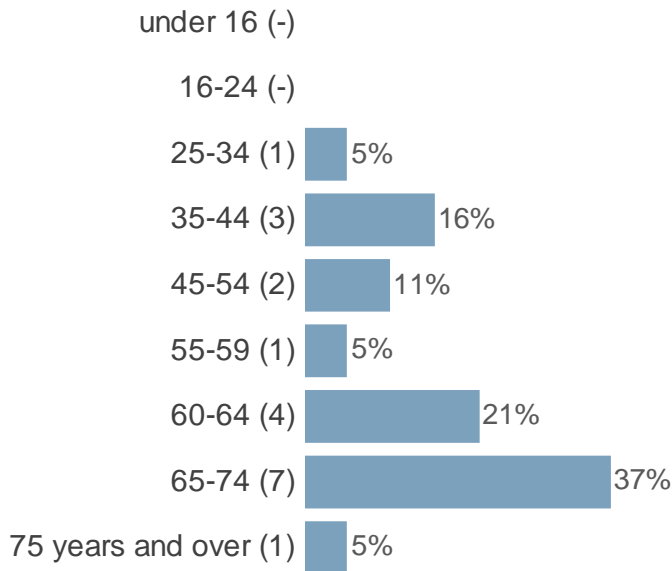
We have spoken to the same person 4 times and all she did was fob us off, 4 times, about our complaint.

none

What is your sex?



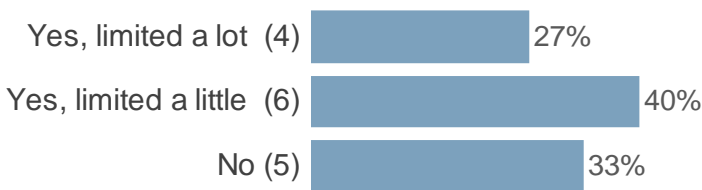
What is your age?



How would you describe your ethnic group?

English	British	W/B	white british
White-Female	White, British	White British	white Caucasian
White british	White English	white british	white british
White British			

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?





Equality Impact Assessment Appendix C

Carrying out an Equality Impact Assessment (EIA) will help the Council meet its Public Sector Equality Duties (Equality Act 2010).

The duties which need to be considered when making decisions are to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Failure to assess the equality impact may increase the risk of making an unfair decision which could potentially be discriminatory. It also prevents us from identifying opportunities to promote equality and therefore leaves the Council open to potential legal challenges.

Using this EIA template will help to ensure that a decision is made in a fair way, based on evidence. It provides a clear and structured method to assess the potential impact on protected groups.

For more information how to complete this form please refer to the Guidance which can be found at [HERE](#)

Title of policy or proposal	Corporate Comments, Compliments & Complaints Policy Review (March 2026)
Briefly describe the aims of the policy change, decision or proposal, the likely outcomes, and the rationale for it	North East Derbyshire District Council is undertaking a scheduled review of the Corporate Comments, Compliments and Complaints Policy. A key proposed change is reducing the formal complaint response timescale from 15 working days to 10 working days, in line with LGSCO Local Government and Social Care Ombudsman.) best practice and Internal Audit recommendations. This change relates solely to internal response deadlines and does not alter access, eligibility, or investigation processes.

Consider the potential impact on any member of staff or member of the public with the following protected characteristics:

Age, Disability, Gender identity/Gender reassignment, Race, Religion or belief, Sex, Sexual orientation, Women who are pregnant or have recently had a baby.

Also, consider employees who are married or in a civil partnership.

<p>What information is already held, or have you obtained through consultation or engagement activity? (For each protected characteristic: What do you know about our employees, service users or anyone else who potentially could be affected by the proposal? Who has been consulted? If you have gaps in your evidence or data, you may need to carry out targeted engagement activity and/or consider information from local or national research).</p>	<p>See below</p>
<p>After considering the information, which protected groups may potentially be affected? (Delete those not likely to be affected)</p>	<p>Age – no adverse impact, timescale change does not affect access or processing</p> <hr/> <p>Disability</p> <ul style="list-style-type: none"> • Physical/mobility impairment • Sensory: hearing/visual or speech • Mental health • Learning disabilities • Non-visible conditions such as epilepsy/diabetes <p>No adverse impact on any of the above</p> <hr/> <p>Sex – No adverse impact, Policy equally to all</p> <hr/> <p>Race including gypsies and travellers – No adverse impact, translation and interpreting support remains</p> <hr/> <p>Sexual Orientation – No adverse impact – Access and communication unchanged</p> <hr/> <p>Religion/Belief - No adverse impact – Access and communication unchanged</p> <hr/> <p>Gender Reassignment – No adverse impact, no elements relate to gender identity</p> <hr/> <p>Pregnancy & Maternity – No adverse impact, access and communication remain unchanged</p> <hr/> <p>Marriage & Civil Partnership (for employees only) No adverse impact – not relevant to policy content</p>

<p>Using the information you have, give details of any potential positive and negative impacts on protected groups likely to be affected by the policy change, decision, or proposal</p> <p>(For each protected characteristic where there could be a potential impact, consider the following: Could people from any protected groups be positively or negatively affected? Could anyone's ability to take part in public life be affected? Could this policy change, decision or proposal affect public attitudes towards any protected group? Could any groups become more or less likely to be at risk of harassment or victimisation because of this policy change, decision, or proposal? Are there opportunities to create positive impacts? <i>(remember that the law permits disabled people to be treated equally or better than other groups to enable reasonable adjustments to be made).</i></p>	<p>All residents, customers, advocates and representatives may be affected in terms of experience, but no direct or indirect disadvantage is anticipated. Accessibility, communication channels and reasonable adjustments remain unchanged.</p> <p>Digital exclusion and vulnerable individuals remain supported through telephone, written, face-to-face, and advocate submissions. No reduction in support or provision.</p> <p>No negative equality impacts identified. The proposal supports fairness and best practice.</p> <p>Customer feedback data and complaint themes from the last 12 months show no indication that response timescales disproportionately impact on any protected group.</p> <p>Consultation with Customer Services, Service Managers and Internal Audit confirms that the proposed timescale change affects internal workflow only, with no changes to how customers engage with the Council.</p> <p>Historical equality monitoring of complaint submissions indicates broad and representative use of the policy across all protected groups.</p> <p>There is no evidence to suggest that any protected group experiences barriers linked to complaint timescales, as communication methods and reasonable adjustments remain unchanged.</p> <p>National LGSCO research highlights the importance of timely complaint resolution and shows that shorter response times improve fairness and avoid undue delays, particularly for vulnerable residents.</p> <p>No protected groups are disproportionately impacted as the proposal does not change how complaints are submitted, supported, or adjusted for accessibility needs.</p> <p>Customers requiring alternative formats or communication support (e.g., BSL,) will continue to receive them without restriction.</p> <p>Staff handling complaints may experience internal workflow changes, but this is operational and does not relate to a protected characteristic.</p>
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Faster responses may reduce anxiety or stress for customers awaiting outcomes, which may particularly benefit those with disabilities or health conditions.

Improved timeliness supports fairness and promotes trust in the Council for all communities.

Shorter timescales contribute to better service quality, aligning with LGSCO best practice and creating a more consistent experience.

Continue to offer a full range of accessible communication formats including telephone, email, webform, letter, face-to-face and advocate submissions.

Ensure staff are reminded of their duty to offer reasonable adjustments at the earliest point of contact.

Continue to monitor complaints for any themes related to accessibility or barriers experienced by protected groups.

Maintain clear public information about how to request support, translation, or alternative formats.

Provide ongoing training to staff on inclusive communication and equality duties within complaint handling.

Quarterly monitoring of complaint handling performance, including whether any protected groups report barriers or delays.

Review of LGSCO decisions to identify any equality-related feedback or concerns.

Monitoring of reasonable adjustment requests to ensure needs continue to be met effectively.

Feedback from service users and advocates will be incorporated into any future review of the policy.


Any adverse or unexpected impacts will be addressed through amendments to procedure or additional staff training.

The assessment concludes that reducing the response timescale from 15 to 10 working days does not introduce any direct or indirect adverse impact on any protected group. All reasonable adjustments, accessibility routes and support mechanisms remain unchanged. The proposal aligns with best practice and strengthens fairness, transparency and timely resolution for all customers.

Monitoring arrangements will ensure early identification

	<p>of any unintended impacts, with mitigation actions in place should they arise.</p>
<p>Give details of any actions that can be taken to promote equality or to lessen any potential adverse impact on protected groups.</p>	<p>By continuing to offer a full range of accessible communication formats including email, telephone, web form, letter, face to face</p> <p>Ensure staff are reminded of their duty to offer reasonable adjustments at the earliest point of contact</p> <p>Continue to monitor complaints for any themes relating to accessibility or barriers complainants have encountered</p> <p>Maintain clear public information about how to request support, translation, alternative formats</p> <p>Provide ongoing training to staff on inclusive communication and equality within complaints handling</p>
<p>What plans are there to monitor and review the actual impact of the policy change, decision, or proposal on equality of opportunity?</p>	<p>Monitoring of complaint handling performance reviewing barriers or delays – performance reported to SMT monthly via Management Dashboard, quarterly via Council plan metric reporting and annually via Council plan review</p> <p>Review of LGSCO decision to identify any equality related feedback or concerns, for transparency the annual report goes to Scrutiny Committee and the Standards committee each year, publicised on the LG&SCO website.</p> <p>Monitoring of reasonable adjustment requests to ensure needs continue to be met</p>
<p>When will follow up review be done?</p>	<p>We will continue our established process for reviewing the Policy every three years, coinciding with its revised implementation. Additionally, if ongoing monitoring</p>

	identifies any emerging equality concerns, we will conduct a review earlier to ensure all issues are addressed promptly and effectively before the next official review takes place.
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Based on a consideration of all the potential impacts, mark one of the following as an overall summary of the outcome of this assessment:	
<input checked="" type="checkbox"/>	The equality analysis has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.
<input type="checkbox"/>	The equality analysis has identified risks or opportunities to promote better equality; the change, decision or proposal will be adjusted to avoid risks and ensure that opportunities are taken.
<input type="checkbox"/>	The equality analysis has identified risks to equality which will not be eliminated, and/or opportunities to promote better equality which will not be taken. Acceptance of these is reasonable and proportionate, given the objectives of the change, decision or proposal, and its overall financial and policy context.
<input type="checkbox"/>	The equality analysis shows that the change, decision, or proposal would lead to actual or potential unlawful discrimination or would conflict with the Council's positive duties to an extent which is disproportionate to its objectives. It should not be adopted in its current form.
Explain how the judgement above was reached and action plan what will be taken to reduce any negative or to enhance any positive impacts on equality	The assessment concludes that reducing the response timescale from 15 to 10 working days does not introduce any direct or indirect adverse impact. All reasonable adjustments, accessibility routes and support mechanisms remain unchanged. The proposal aligns with best practice and strengthens fairness, transparency and timely resolution for all customers. Monitoring will ensure early identification of any unintended impacts with mitigation actions in place should they arise.
Name(s) and job title(s) of person (people involved in) carrying out this assessment	Rachael Pope
Authorising Director or Assistant Director	
Date authorised	8th April 2026
The completed equality impact assessment <u>must</u> be attached to the report that will be considered by the decision maker or decision makers to enable them to give due regard to the impact of the policy, decision, or proposal on protected groups. Also send a copy to Amar.Bashir@ne-derbyshire.gov.uk	